

Record of Counseling ICO:		Date		
<p style="text-align: center;"><u>Privacy Act Statement</u></p> <p>The authority for requesting the following information is contained in 10 USC 8012 and EO 9397. This data will be used to document quality force counseling actions not prescribed in other directives. This form may or may not become a source document to support administrative separation. Data contained herein is also releasable to higher headquarters officials when used to support administrative separation or UCMJ actions.</p> <p>Completion of this form by a counselor is mandatory; however, disclosure of information or facts may not be in the counselee's best interest in the event administrative, disciplinary or separation action is subsequently deemed warranted by the counselee's commander.</p>				
Name (Last, First, MI)	Grade	SSN		
Division/Work Center/Duty Section		Name/Grade of Counselor		
<p style="text-align: center;">REASON FOR COUNSELING</p> <table border="0" style="width: 100%;"><tr><td style="vertical-align: top; width: 50%;"><p><input type="checkbox"/> Private Indebtedness</p><p><input type="checkbox"/> Personal Behavior</p><p><input type="checkbox"/> OJT Progress</p><p><input type="checkbox"/> Substandard Dress/Appearance</p></td><td style="vertical-align: top; width: 50%;"><p><input type="checkbox"/> Performance</p><p><input type="checkbox"/> Support of Dependents</p><p><input type="checkbox"/> Responsibilities</p><p><input type="checkbox"/> Other: _____ _____</p></td></tr></table>			<p><input type="checkbox"/> Private Indebtedness</p> <p><input type="checkbox"/> Personal Behavior</p> <p><input type="checkbox"/> OJT Progress</p> <p><input type="checkbox"/> Substandard Dress/Appearance</p>	<p><input type="checkbox"/> Performance</p> <p><input type="checkbox"/> Support of Dependents</p> <p><input type="checkbox"/> Responsibilities</p> <p><input type="checkbox"/> Other: _____ _____</p>
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<p>REVIEW OF REASONS WHICH CAUSED THE COUNSELING REQUIREMENT (Give details, facts, specific dates, names, sequence of events, etc.)</p> 				
<p>Solution that you and the individual discussed to overcome the problem(s) and preclude future involvement. (Outline all solutions and indicate which one(s) the individual freely elected.)</p> 				

OTHER AGENCIES INDIVIDUAL REFERRED TO: CHAPLAIN, LEGAL, *etc.*

COUNSELEE'S COMMENTS:

COUNSELEE'S SIGNATURE

COUNSELOR'S SIGNATURE

REMARKS/FOLLOW-UP ACTION (OUTLINE ALL EFFORTS—INDICATE DATES, NAMES, PROGRESS, *etc.*)

KEY COUNSELING POINTS

- Counseling is performed to solve a problem or fulfill a need. Determine interview objective prior to meeting: review available records and arrange office seating for best results.
- Give the individual the facts—whether they are pleasant or unpleasant.
- Be a good listener...be fair.
- Refer individual to other agencies for professional help. You don't have the answers to all the problems.
- Follow-up on referrals to other agencies to make certain that there is a continuity of action and that referrals are completed.
- Keep the individual's problem confidential.
- Help the person to grow in understanding.
DO NOT lose your self-control. The results could be disastrous.
DO NOT make promises you can't keep.
DO NOT make snap decisions.
DO NOT forget to document the counseling, and have the counselee sign the counseling sheet.